

WAIVER OF MEAL BENEFIT FORM INFORMATION

Dear Parent/Guardian:

There is now affordable health insurance for children. Now, most families who work hard to make ends meet can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have life long effects. If you do not have health insurance for your child, check the box below to receive information about free and low-cost health insurance for children. **It is important to understand that you are not required to release this information. Its release is strictly voluntary.**

Health Insurance ☐ Yes. I want health insurance for my child. Program officials may give information from my Meal Benefit Form to Medicaid or officials of the State health insurance program for children. Medicaid and State health insurance program officials may use the information to help determine whether my child is eligible for benefits under Medicaid or the State health insurance program. Medicaid or State health insurance program officials may contact me for more information.

I understand that you will be releasing information from the Meal Benefit Form for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child.

Signature of
parent/guardian _____

Printed name of
parent/guardian: _____

Address: _____

